15 4/27/2°

1994-235-C 2020-12-A Telecommunications Carriers

Matter 10# 29157

AUTHORIZED UTILITY REPRESENTATIVE FORM

CERTIFICATED COMPANY INFORMATION

Company Name: CBTS Technology Solutions LLC

DBA/FKA: Cincinnati Bell Any Distance Inc.
Mailing Address: 221 East Fourth Street

City: Cincinnati

State: Ohio

ZIP Code: 45202

ILEC

IXCx

CLECx

Wireless ETC

REGISTERED AGENT INFORMATION

Registered Agent: Corporation Service Company

Mailing Address: 1703 Laurel Street

City: Columbia

State: South Carolina

ZIP Code: 29201

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION

General Manager

Name: Brandon Bowman Address: 25 Merchant

City: Springdale

State: Ohio

ZIP Code: 45246

Phone: 513 565 2269

Email: brandon.bowman@cbts.com

Fax:

Emergency Contact - Non Office Hours

Name: Ted Heckmann

Phone: 513 608 7624

Email: ted.heckmann@cinbell.com

Fax:

Customer Relations/Complaints Rep

Name: Kathy Campbell

Address: 221 East Fourth Street

City: Cincinnati

State: Ohio

ZIP Code: 45202

Phone: 513 397 1296

Email: kathy.campbell@cinbell.com

Fax:

Complaints Rep for Complaint Escalation

Name: Ted Heckmann

Address: 221 East Fourth Street

City: Cincinnati

State: Ohio

ZIP Code: 45202

Phone: 513 397 1375

Email: ted.heckmann@cinbell.com

Fax:

Customer Toll Free Contact Number: 866 587 2287

Engineering Operations

Name: Tony King

Address: 510 East 96th Street

City: Indianapolis

State: Indiana

ZIP Code: 46240

Phone: 317 696 8879

Email: tony.king@cbts.com

Fax:

Test and Repair

Name: Tony King

Address: 510 East 96th Street

City: Indianapolis

State: Indiana

ZIP Code: 46240

Phone: 317 696 8879

Email: tony.king@cbts.com

Fax:

	UTILITY REPRESENTATIVE INFO	RMATION
Regulatory Officer		
Name & Title: Ted Heckman	nn - Senior Director Regulatory & Government Affairs	S
Address: 221 East Fourth St	reet	
City: Cincinnati	State: Ohio	ZIP Code: 45202
Phone: 513 397 1375	Email: ted.heckmann@cinbell.com	Fax:
Annual Report Form M	ailings	
Name & Title: Michael Ryar	n Murphy, Senior Director Corporate Tax	
Address: 221 East Fourth St	reet	
City: Cincinnati	State: Ohio	ZIP Code: 45202
Phone: 513 658 8355	Email: mike.murphy@cinbell.com	Fax:
Dual Party Invoice Mai	ilings	
Name & Title: Ashley Rains	s, Tax Accountant	
Address: 221 East Fourth St	reet	
City: Cincinnati	State: Ohio	ZIP Code: 45202
Phone: 513 565 0547	Email: Ashley.rains@cbts.com	Fax:
Universal Service Fund	d Mailings	
Name & Title: Ashley Rains	s, Tax Accountant	
Address: 221 East Fourth St	treet	
City: Cincinnati	State: Ohio	ZIP Code: 45202
Phone: 513 565 0547	Email: Ashley.rains@cbts.com	Fax:
Gross Receipts Mailing	gs	
Name & Title: Ashley Rains	s, Tax Accountant	
Address: 221 East Fourth St	reet	
City: Cincinnati	State: Ohio	ZIP Code: 45202
Phone: 513 565 0547	Email: Ashley.rains@cbts.com	Fax:
Lifeline Contact		
Name & Title: N/A		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	Fax:

FORM PREPARER INFORMATION			
This form was completed by: Kathleen M. Campbell			
Signature: Kathleen M. Campbell			
Title: Regulatory Specialist	Date: 4/24/2020		

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Office of Regulatory Staff

AND Attn. Kari Munn

1401 Main Street, Suite 800

Columbia, SC 29201